

SCJA 23 Rev. 5/98		<h1 style="margin: 0;">FINANCIAL AFFIDAVIT</h1>	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES <input checked="" type="checkbox"/> MAGISTRATE DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
IN THE CASE OF <div style="border: 1px solid black; padding: 5px;"> USA V.S. TAVON ROBINSON </div>		FOR <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		AT <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
CHARGE/OFFENSE (describe if applicable & check box →) 21 USC 846 <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		1 <input checked="" type="checkbox"/> Defendant—Adult 2 Defendant - Juvenile 3 Appellant 4 Probation Violator 5 Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
DOCKET NUMBERS Magistrate 04-817-MBB District Court Court of Appeals			

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed				
	Name and address of employer: _____				
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment <u>NA - Student</u> How much did you earn per month? \$ _____			
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____			
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> RECEIVED IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ </div> <div> SOURCES _____ </div> </div>			
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>\$170.00</u>			
	PROP-ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <div style="display: flex; justify-content: space-between;"> <div> VALUE IF YES, GIVE THE VALUE AND \$ DESCRIBE IT _____ </div> <div> DESCRIPTION _____ </div> </div>			
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>3</u>	List persons you actually support and your relationship to them <u>Wan able - 3 children</u>	
	DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME: <u>Ø</u>	Creditors	Total Debt \$ _____ \$ _____ \$ _____ \$ _____	Monthly Paymt. \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

 SIGNATURE OF DEFENDANT
 (OR PERSON REPRESENTED)

